

Sidmouth

The
Health of Sidmouth
FOR 1900.

**The Medical Officer's Annual Report,
Presented at the Meeting of the Urban
District Council, on Feb. 22nd, 1901.**



SIDMOUTH:

Printed and Published by E. Culverwell and Sons, *Herald* Office
Gas Printing Works, Fore Street.

Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30087740>

To the Chairman and Members of the
Sidmouth Urban District Council.

GENTLEMEN,—

I have the honour to furnish the Council and the Local Government Board and Devon County Council with my twenty-eighth annual Report, embodying the Births, Sickness, and Deaths that occurred in the Sidmouth Urban District under your charge during the year, 1900, and the measures and proceedings taken in relation thereto. The introductory words of my last year's report are equally applicable on the present occasion, viz:—"As I consider the primary duty of a Sanitary Authority is to protect the health of the people rather than to guard the ratepayers, I feel great pleasure of the opportunity of congratulating the Council on the highly satisfactory nature of the present Report as regards the Mortality, absence of Zymotic Disease, and the general health of the District during the period in question.

As bearing on the question of health I may be pardoned if, as heretofore, I preface my general remarks with a few meteorological data bearing on the district under the Council's charge.

The rainfall for 1900 was 30·90 inches. Mean of previous 28 years 33 inches. The red sandstone and gravelly soil of the district exert an important and healthy influence on the rainfall by securing the soil from all unhealthy retention of moisture.

The mean temperature of 1900 was 50·6. The average of last 30 years 49·50.

The mean daily range, *i.e.*, the difference between the highest temperature in the day and lowest at night, was 11°. Mean of previous 20 years 8·9.

The mean temperature of—

	99-1900 winter was 41·7		
„	„ 98·99	„	41·5
„	„ 97·93	„	41·8
„	„ 96·97	„	41·6
„	„ 95·96	„	41·8
„	{ „ 94·95	„ }	30·8
	a very severe one		
„	„ 93·94	„	40·8
„	„ 92·93	„	41·4

The record over so long a period—30 years—conclusively proves the equable character of our climate, and, as I have repeatedly pointed out, satisfactorily accounts for its usual remarkable coolness in summer and mildness in winter, the extremes being about 18 below Greenwich.

I must ask to be excused for introducing an apparent irrelevancy, viz: the following remarks on the state of the weather during the month of August of the year in question, (1900) presented by me to the Council at the meeting held on the 27th of that month, viz: “The term ‘heat wave’ becomes almost inapplicable for the last fortnight’s weather. A ‘gulf stream of heat’ seems more to express it. All over the country from 82 to 88 degrees were common, while London attained to 92 and 93 degrees on the 16th and 19th respectively, whereas at Sidmouth we were favoured with the reduced heat of 77 and 80 degrees on the same respective days, which has been the highest, by several degrees, registered here during the month, the mean of the month being 62. In the early morning and evening, on the Moors, (fed by the air of the Atlantic Dartmoor and Exmoor) from one to one-an-half miles distant from the town, the coolness has been remarkable. During the great summer heat of 1899 the mean temperature of the month of August at Sid-

mouth was 63·3 the highest registered during the previous 30 years, and, notwithstanding this, it was from 10 to 20 degrees cooler than London, and 5 degrees cooler than at any other Health Resort on the South coast during the greater part of the month. The mean of the year at Sidmouth was 51·30, the highest in previous 30 years." The total amount of bright sunshine during 1900 was 1804 hours. Sidmouth is effectually sheltered from the east and north winds by its hills, which attain the altitude of from 500 to 700 feet within half-a-mile to two miles from the town. As March is generally considered an inclement month it may be interesting to record that its mean temperature for the last 30 years at Sidmouth was 42·3.

The area of the district is 1,600 acres. Present inhabited portion about one-sixth. Population at 1891 census 3,762. Estimated population at middle of 1898, 4,000. Number of dwelling-houses, 1,016; in 1898, 960. Number inhabited by working classes, under a rateable value of £8, and not directly rated 580,—in 1898, 553. The remainder, including business, lodging and villas, over £8 rateable value 436;—in 1898, 407. Total, 1,016.

I anticipate that the forthcoming Sidmouth census will show a large increase on the last, and an important addition to my above estimated present population. If so, it materially strengthens the favourable character of the Vital and General Statistics set forth in the present and late Annual reports.

The births during 1900 were, males, 37, females, 31; total 68; equal 17 per 1,000. For the Novennial period, 92-1900, the average was 18·4 per 1,000. The birth rate is a very low one. Like so many other places,

health resorts especially, the birth rate is a diminishing quantity, owing apparently to the migration of young persons to the larger centres. The birth rate for England and Wales in 1900 was 28·9 per 1,000.

The deaths, including visitors (12) who arrived with their fatal illness on them, were males 31, females 30; total 61, or 15·25 per 1,000. Excluding visitors 12·25. In the Octennial period, 92-99, the average death rate was 63·75 per annum, and an average rate of 15·9 per 1,000 population per annum, *including* visitors, and 13·24 excluding visitors. The death rate for England and Wales in 1900 was 18·3 per 1,000.

3 deaths took place under one year.

2	"	"	"	between 1 and 5 years.
3	"	"	"	5 and 15 years.
5	"	"	"	15 and 25 years.
20	"	"	"	25 and 65 years.
28	"	"	"	65 and upwards.

One of the infant deaths took place 5 days after premature birth. The infant mortality (3) for the year 1900 was equal to 48 per 1,000 births, being 108 below that of England and Wales (156), and 55 below Register-General's Health District Table (103).

The annual average infant mortality per 1,000 births during the Novennial period, 92-1900, was 64·5.

I have repeatedly pointed out that a low infant mortality may generally be considered as important an index to good sanitation and healthfulness as a low Zymotic death rate, especially may it be considered so when we bear in mind that in the present day the 'bottle' has largely taken the place of the breast, and "suckling" become well nigh a 'lost art,' & that the deaths amongst children

under three months of age, either wholly or partially fed on artificial foods are *fifteen times* as great as they are amongst an equal number of infants fed upon breast milk alone.

Of the 28 deaths at 65 and upwards:—

8 were between 70 and 80.

11 " " 80 and 90.

1 was between 90 and 100.

The Zymotic (infectious) death rate for 1900 was nil, being the fifth consecutive year without a zymotic death.

For the Novennial period, 92-1900, it was .5, 1.2, .4, .4, .0, .0, .0, .0.

One case only of infectious disease (enteric) was notified during the year, which was contracted abroad, and arrived here fully developed. The previous case notified in the district was *exactly twelve months before*.

Among the conditions that point to an unfavourable atmospheric state, and tend to promote and aggravate diarrhoea and choleraic ailments is a high temperature with a moist, heavy, and stagnant atmosphere. What evidence does Sidmouth afford on these points? —The remarkable fact that *one death only from Diarrhoea has been registered in the District during the past twenty years!*

The five preceding tables—Infant, Senile, Zymotic, and Diarrhoea Mortality and Infectious Notification—are in the highest degree satisfactory.

In the 1896 Devon County Council General Statistics Report of the 32 Rural and Urban Districts of South Devon, Table 1 (which includes the Infantile, Senile, and Zymotic death rate), Sidmouth is thus alluded to:—

"Amongst the Urban Districts, Sidmouth is '*facile princeps*' (easily first) according to the classification adopted." In the same official report for 1897 the following appears:—"Sidmouth.—This town occupied the premier position in 1896, and nearly so in 1897; indeed it has a lower general death rate than Totnes. Moreover there seems to have been one infantile death registered in the district not properly belonging to it. If this be excluded it would only be a minute fraction behind the leading town. This small town—Sidmouth—has certain advantages from its rather isolated position, but due credit must be conceded to it for the adoption of an advanced sanitary policy, ahead I consider of all similar places in South Devon."

In the same official report for 1898 the following appears:—"Sidmouth, Urban.—This town presents an admirable report, and is again practically at the head of the list, for the small places of 2,000 or less people not only have large fluctuations, but are scarcely Urban in character at all. Although the death rate is somewhat higher than in 1897, yet it is lower than in any preceding year. Not only is the Infantile rather low, but there was no zymotic fatality, and indeed no notification of infectious disease whatever; moreover, the Age distribution in Table 4 is about the best. For three years in succession there has been no death registered from any zymotic malady, and the absence of diarrhoea in the returns is remarkable.—It must be gratifying to all sanitarians to find this nice sea-side resort, with its strong hygieic policy, occupying year after year so honourable a position amongst the towns of the West."

In the same official report for 1899 Sidmouth is thus alluded to:—"Omitting the

little town of Seaton, those at the head of Table 1 (General Statistics) are Sidmouth and Paignton." . . "The zymotic mortality was *nil*, and, as Dr. Pullin sbews, has been so for the last four years, which is, I doubt not, a record amongst returns of the West." . . "The infantile mortality, too, is low and not surpassed by any other district of the same size or larger."

The cause of Sickness and Deaths appear in Appendices 1, 3, and 4. On a general Analysis of the causes of death we find them connected with the three following groups of diseases :—General, 5 ; Constitutional, 17 ; Local (various Organs), 39.

Influenza. There was a severe epidemic of this disease in the early part of the year, with a fatal result in *one* case only—an aged chronic invalid—but how many of the sufferers were more or less permanently invalidated by the cruel disease we shall never know, but the favourable climatic influence of Sidmouth was evident by the limited amount of chest complications.

The Council I hope will pardon my again urging it to rigidly enforce in the case of new houses the condition that all bed-rooms have fire-places, being as necessary for ventilation as for warmth. Oil-stoves and lamps, as I have frequently pointed out, being dangerous substitutes for fires in the sick room, especially without some system of ventilation. Especially is this the case in Influenza and all affections of the Respiratory Organs. In cases where the Trachea or Larynx, for example, are implicated, I have seen numerous instances of protracted loss of voice, which I considered arose solely from this cause. This is easy to explain when we consider that the irritating and injurious results of petroleum combustion

take the place of the life supporting Oxygen. The absence of smoke and smell is no proof of the absence of the ordinary irritating products of combustion.

Infectious Diseases. Of this class, as I have before stated, one case only was notified during the year, and after an interval of 12 months, and this an imported one.

Towards preventing the spread of *infectious* disease, much may be done by home isolation and disinfection and liberal ventilation. I have frequently succeeded by very simple isolation, and very moderate use of disinfectants, especially in influenza, in limiting it to a single patient in large establishments. The moderate use of disinfectants lessens the severity, and often checks, the spread of the disease. The form of disinfectant used is a matter of the utmost consequence. A large number advertised as "disinfectants" and *non-poisonous*, are simply deodorants—destroy odour or smell—but exercise no germicidal power. A disinfectant to be efficient must be *poisonous*. There may be an instance or two where they are not very much so. Nevertheless it is a good rule to suspect a disinfectant advertised as *non-poisonous*. Such in 99 cases out of a 100 is useless. Calverts pure Carbolic Acid may always be relied on if used as directed.

In all cases of *infectious* Disease your Inspector is always willing and ready to disinfect the premises if allowed or requested to do so.

To *Phtisis* five deaths were due. Two were visitors who arrived in the hopeless stage of the disease, and three were residents, one of which was aged 9 months only.

Again and again I have taken occasion to

draw attention to the peculiar immunity of our resident population from Phthisis. To what this is due is not so easily explained, but the Geological and Meteorological conditions of the locality before alluded to strongly point, physiologically to the source of this important fact, and may tend to confirm the correctness of the opinion I have persumed so often to give, viz—that if the sufferers from Phthisis and other tuberculous affections were sent here in the incipient or less advanced stage of the ailment, instead of the last or hopeless stage, permanent restoration to many and incalculable relief to all, would follow. The Autumn, Winter, and Spring months at Sidmouth are the most favourable to the consumptive invalid. As I have mentioned in former reports a low death rate from tuberculous disease or its recognised absence from any locality is of the utmost importance, seeing that over *one sixth* of the mortality of the country is ascribed to it.

Indeed “Tubercle” seems *the* disease destined to occupy the foremost place in the Medical mind in the near future,—as shewn by the attention recently given to it by the Medical profession and public generally during the past two years. With the formation of “The National Association for the prevention of Consumption and other forms of Tuberculosis” inaugurated by His Majesty, at Marlborough House, on the 20th December, 1898, aided by the co-operation of all Public Health Authorities and a new stringent Food Adulteration Act, we have reason to anticipate important results in our efforts to extirpate the fell disease which, as I have mentioned before, is responsible for *one sixth* of our annual mortality, and is a disease, much of the etiology and pathology of which, has yet to be better understood.

The establishment in the County of a Sanitorium for the treatment of Tubercular Diseases is urgently needed and it is gratifying to know that this important matter is receiving the attention of the Devon and Cornwall Medical Association and that a Sites Committee has been appointed, and extensive local enquiries made, and it may be satisfactory to state that the advantages of Sidmouth and its immediate neighbourhood for such an Institution have been forcibly laid before the Committee by your Medical Officer in response to an appeal from the Committee on the subject.

On one point in connection with 'Phthisis' great difference of opinion exists, viz: Should it be made a notifiable disease? Personally I think not, for besides the terrible social and domestic interference and discomfort it would occasion, the remedy, as aptly expressed by the Medical Officer of our County Council, "is not of the sanitary but of the suppressive type." To suppress a disease by a careful system of watching is not uprooting its cause but rather straining after a pretended than a real victory.

The same local and Geological and Meteorological conditions, previously referred to, possibly explain to a great degree the marked beneficial effect of the Sidmouth Climate on affections of the liver and kidneys, and diseases of children, the rareness and mildness of Epidemics and total absence of Endemics, and many serious and painful ailments. Typhus, Calculus, and Ague for example.

Cancer.—The number (3) of deaths from this disease was above the average of previous years. It is consolatory to know that investigation of this class of disease is proceeding most vigorously in different parts of the

world, and there is every reason to hope that light will be thrown upon the disease which would lead to its more successful treatment.

Small-pox.—So far as the experience of the first two years of the New Vaccination Act has afforded an opportunity of judging, both the public and the Medical profession appear satisfied with its working. At Sheffield, where great opposition to the old Act always existed, 102 Exemption Certificates only were granted during 1900 under the Conscience Clause. This, in a population of 365,922, is relatively a small number, and the number of efficient primary vaccinations has similarly increased. At Gloucester the same result has taken place.

In connection with Section 2 (usually known as the Conscience Clause) it would seem in order to give completeness to a national system of Small Pox Protection, that a Clause of some sort should be introduced in reference to unvaccinated children entering on school life.

The Clause, in my opinion, will not materially increase the difficulty of getting a well-protected community. Much more are we to fear the prevalence of imperfect vaccination. Although experience proves that efficient vaccination is not to be relied on with less than 4 scarifications (marks) many a parent begs to have *one* done and the request, it is to be feared, is often complied with.

It will be satisfactory to the Council to know that the vaccination of this District has always received the special approval of the Local Government Board Inspector, and from my official knowledge as Public Vaccinator over a lengthy period, I am able to state that a case of arrear of a Sidmouth child is an

exception to the rule. Vaccination has always been well respected in your district, and since the passing of the New Vaccination Act, there have been only *three* "Conscientious Objectors" in Sidmouth, Sidbury, and Salcombe-Regis.

After much careful attention to the point of age for Primary Vaccination, I am forced to the conclusion that the recent alteration in the period from *three* to *six* months is a serious mistake. In the first place my long experience as Public Vaccinator convinces me that the sooner the operation is done—say from 3 to 4 weeks—after birth, the better. The infant takes less notice of it, and the clothing is well adapted to its favourable progress, and the parent is—admittedly—spared much anxiety and trouble in attention to the arm.

Further, hereditary skin affections are much more likely to appear after 2 months than before, and delay vaccination.

Passing on from the Medical section, I beg to refer to the measures and proceedings taken in relation to the public health generally and many remarks mentioned in my 1899 Report will be repeated in the present Report.

The revised code of bye-laws that came into force at the beginning of 1898, have continued to prove of increased value, not only in strengthening the authority of the Council, but by materially aiding the efforts of its Sanitary Officials. The Bye-laws and the adoption of the Acts by the Council, which are now in force, efficiently carried out together with the systematic inspection of the district should bring the Sanitary Officials in touch with every suspected nuisance and remove all causes for insanitary complaint.

The Sanitary Inspector, Mr R Lake, has given unremitting attention to house drains and flushing, the prevention and laying of bad drainage, and to house inspection and Sanitary work in general.

The resolution that was passed by the Council on my recommendation, that builders, masons, and others, should be officially informed that no new or repaired drain was to be closed in before inspected and tested by the Sanitary Inspector, has proved of much value.

Isolation Hospital.—The Sanitorium in the Alexandra Road, distant about a mile from the town, erected 16 years since to meet a sudden emergency from an outbreak of Small-pox in a neighbouring town, though not the substantial building that may be wished, is kept in repair, and could be rendered efficient for the reception of patients in a few hours in case of urgency.

The erection of a building of a more permanent and up-to-date character is contemplated by the Council. Its accomplishment will be a most important Sanitary addition to the District and doubtless impart increased confidence in Sidmouth as a Health Resort.

Water Supply.—A good water supply is the primary necessity to Sanitation. In this respect, Sidmouth is highly favoured, possessing as it does a natural supply, abundant in quantity and the highest perfection in quality. It is derived from the greensand strata overlying the red sandstone on Peak and Pinn Hills, distant one and six miles respectively from the town, the sources and springs being at an altitude of from 400 to 700 feet above the sea level. A very important point in connection with the sources of

the supply is the fact that the watersheds are *completely free from human habitation.* The Sidmouth Water Company's supply, which is the water principally in use, is fully 200,000 gallons, or 50 gallons per head per day of the population. Remembering the awful distress and loss of life at Maidstone, Paisley, and other places during recent years, it will be satisfactory to the inhabitants of the district to be informed that at careful inspections of the intakes and sources of supply made by the Sanitary Officials of the Council, including the Sanitary Inspector and myself both were found to be thoroughly safeguarded and protected from any possible contamination. The mode of intake at Pinn Hill, at an altitude of 700 feet, is an excellent and interesting one, being *from the springs direct* without the intervention of a reservoir, thus preserving the natural purity and aeration of the water. The amount of aeration is so great that it generally presents a marked *opacity* when first drawn, rapidly becoming clear and brilliant.

With regard to the proof of its purity, the Water Company is responsible for the production of a satisfactory periodical analysis to the Council, and the Council is responsible for a periodical inspection of the sources of supply by its Sanitary Officials. Both are faithfully and satisfactorily fulfilled. To those dependant on *Wells* for drinking water the use of a reliable filter is of the highest importance.—To secure the water *germ free* the ordinary filters are of little use, indeed are mostly germ producers and disease distributors. It appears to be agreed by many of the highest sanitary and scientific authorities, and by its use in the French Army for many years and in the most unhealthy climes, that the Pasteur-Chamberlain filter, as manufactured in this country by Messrs. J. Defries and Sons, is the only one that I am aware of

that can be relied upon for removing specific infective material from drinking water. From my own practical experience of its use, during a lengthened period, I can fully endorse the foregoing opinions. This particular kind of filter has just been placed by order of the Medical Department of H.M. Navy on board H.M.S. Ophir for use during the Duke of Cornwall's Colonial Tour.

Sewerage. The new Sewerage System of 1897, in accordance with plans of Mr. James Mansergh, at a cost of £10,000, continues to act satisfactorily with the single exception to which I drew the Council's attention in my Annual Report for 1898, namely—to the *intermittent* system of outflow as proposed by Mr. James Mansergh. In the report referred to, I remarked as follows:—“The chief point to which I would respectfully draw the attention of the Council is that during the period of the *constant flow*, that immediately followed the completion of the Tank, not a single complaint, that I am aware of, was made of unpleasant smells at or in the vicinity of the outfall, but since the *intermittent* outflow has been adopted, complaints have been, and still continue, to be made. After much careful attention and enquiry, I feel it a duty to strongly urge the Council to establish a *constant* outflow, which I have every reason to anticipate would not only prevent a recurrence of complaint, but effect an annual saving of £18 5s. to the ratepayers for the *intermittent* opening of the penstock as at present. In connection with the opening of the penstock it seems to be completely overlooked that the tank *overflows* for 8 hours out of the 12 that the penstock is *closed*. The decision of the Council for the tanks to be opened at half-tide level instead of one hour before, has proved an improvement. Extension of the outfall to the point—a depth of

two feet below the surface at lowest low water spring tides—originally suggested by Mr. James Mansergh, and the *constant* flow, would meet every requirement.

I need scarcely say, in connection with the tank in question, it is a matter of regret that some form of *automatic* arrangement, such as adopted in the Exeter Septic Tank and in our own Lower Flushing Tanks, does not exist. Probably it is not practicable, but when we know that to carry out the *intermittent* opening of the Tank, as originally suggested, it must not only be visited twice daily, but twice nightly on half the nights in the month in all weather, one's confidence in the accurate periodical opening of the Penstock is much shaken; nor can we expect otherwise except at great expense.

In connection with Sewerage, I would urge carefnl attention being given to the Sewer Flushing Tanks, and a monthly report made to the Council of their efficient working or otherwise, their efficiency being a matter of great sanitary importance, and not much less so, is attention to, and frequent emptying of the large sand tanks in the roadways, the size—in my opinion a very questionable improvement—embracing danger of a nuisance if neglected.

Scavenging is scarcely second in importance to pure water and an effective system of sewerage. In connection with the district scavenging, I am pleased to be able to mention that all ash-pits in the town are abolished, which implies daily attention to this important matter. The deposits of our ash-pits and street refuse have been for years a trouble and a nuisance, and the recent removal of the refuse heap from its late site to a spot further north, and further from dwellings, will abate

a long, justly complained of nuisance, and trouble to the Council. I trust the time is within measurable distance when that most important addition to good sanitary scavenging viz, a Refuse Destructor, will be one of the sanitary appliances of the district. The utilisation of the clinker from a Destructor when ground with cement in the formation of concrete slabs for footwalks, ought to be of much value in this district where Yorkshire and other flags are so costly.

Milk Supply.—As mentioned in my 1898 report, “Acting under the adoption by the Council of the ‘Cowsheds and Milkshops’ order,” arrangements have been made with the Council’s new Sanitary Inspector, Mr R Lake, to continue the careful inspection of all Dairies within and without the district supplying milk to the town. All wells have been closed, and every Dairy is supplied with the Company’s water.

In many cases a Dairy is made a larder, which should be and, by the Cowsheds’ and Milkshop’s order is prohibited. The keeping of meat, cooked or uncooked, particularly the latter, with milk—and especially fresh milk from the cow—is fraught with danger, especially when epidemic disease prevails.

The Food and Drugs’ Act.—I desire to emphasise all I said in my previous report on this subject, viz : “This Act has not been called into operation in this district. It seems difficult to know what is and what is not an adulteration of food. The number of articles of food necessaries of life, of daily consumption, the well known so called “staff of life” which may be quoted as a special example, to which substitutes and drugs, most of them pernicious, are added, and the practice daily increasing, and the law practi-

cally powerless to prevent, is beyond belief. The number of those to be procured pure and simple as nature has provided them for us are daily getting less and less, and at present may be counted on three or four fingers. The admixtnre of drugs and other substances, foreign to the food itself, should be strictly prohibited. A New Food Adulteration Act has become a pressing necessity in the interests of public health, and especially so in the interest of the infant and invalid, and it is earnestly to be hoped that the serious attention of Parliament will be given in the framing of the new Act promised to be brought in this Session to prevent such foreign admixtures.

Slaughter Houses These when inspected, have on the whole been found satisfactory. Many are in densely populated and contracted localities, and become at times highly objectionable and, impossible of improvement. A public Abbatoir at a convenient distance for the trade from the town would be a desideratum. Increased legislative powers to Urban Councils in this matter are greatly needed.

Swine and Poultry.—The keeping of swine and poultry near dwellings is a nuisance of the past, wiped out with the departed century.

Dwelling Houses for Working Classes.—Two or three dozen of such, at a rental to suit the bona fide working class, erected principally near the southern portion of the Parish, would supply a pressing want, and be greatly appreciated, and conduce to improved sanitation in many existing cottages.

The Ham at the East End of the Esplanade.—At last it seems as if this desirable spot was destined to be rendered available for the use its esteemed donor originally intended, viz., a “Recreation Ground.” The intended erection

of cottages on its west side, should, one would think, assist greatly towards making a good road, and in increasing the area of the grassed portion of the meadow on that side of it.

Lastly.—The result of your Medical Officer's long experience as a Sanitary Officer convinces him year by year of the recognition by the public of the importance of sanitary measures, and an aroused energy towards their accomplishment. However laudable the intentions and endeavours of the Council may be to support and strengthen this feeling in matters affecting the public health and welfare of the district in its charge, it cannot be too strongly insisted on, that the essence of all sanitary work is the individual house, and the unit of sanitary success, individual co-operation. Without home attention to the one, and the ready assistance of the other, the wisest intentions and best endeavours of the Council and its Officials must be largely jeopardised.

I have the honour to remain, gentlemen,

Your obedient servant,

THOS. H. S. PULLIN,

M.D., F.R.C.S., EDIN., M.R.C.S., L.S.A.,

Fellow of the Royal Institute of Public Health,
Member of the Sanitary Institute of Great
Britain.

Sidmouth, February 22nd, 1901.

